

Copy Center Location
550 W State
Phone 332-1941
Fax 334-2688

State of Idaho - Department of Administration
Bureau of Copy and Record Services
COPY CENTER ORDER
Please submit a sample

Please Submit All Copies
White - BCRS
Canary - Delivery Receipt
Pink - customer

This form available at <http://www2.state.id.us/adm/purchasing>

Rev.11/04

| | | | | | |
|---|-----------------------|---|---|------------------------------|---|
| Title or Description of Material (If electronic transfer, use title name for description) | | | Date Ordered | Date Required | Proof |
| Department | | Division | Bureau | Agency Code | PCA Codes |
| Number of Originals | Number of Each Wanted | Electronic Transfer (Specify File Name) | | Agency Purchase Order Number | |
| PAPER TYPE AND COLOR <input type="checkbox"/> 20 LB. Bond (White) <input type="checkbox"/> 20 LB Bond (Color) <input type="checkbox"/> Cover Stock <input type="checkbox"/> Index (Cardstock) <input type="checkbox"/> Tabs/Qty <input type="checkbox"/> Color Copier | | | HOLD HARMLESS STATEMENT The agency or other entity ordering this material agrees to defend and hold harmless the Department of Administration and any or all of its employees from any claim or demand involving the violation of any copyright or trademark which is made on account of this order. All publications should conform with Idaho Code Section 60-202. The Idaho State Depository Program request copies of materials as outlined in Idaho Code Section 33-2510. The Bureau of Copy and Record Services encourages compliance with this program. For more information contact Idaho State Library Information Services 334-2150. | | |
| CHECK ALL ITEMS APPLICABLE TO THIS JOB <input type="checkbox"/> One Side <input type="checkbox"/> Front & Back <input type="checkbox"/> Tumble Proof Needed Delivery date will be set upon approval of proof Submit Proof to: Name: _____ Phone: _____ <input type="checkbox"/> Assemble/Collate <input type="checkbox"/> Fold <input type="checkbox"/> Drill Holes <input type="checkbox"/> Staple <input type="checkbox"/> Upper Left <input type="checkbox"/> Two on Left Side <input type="checkbox"/> Binding <input type="checkbox"/> Saddle <input type="checkbox"/> Other <input type="checkbox"/> Tape <input type="checkbox"/> Plastic Binding <input type="checkbox"/> Pad <input type="checkbox"/> Cut <input type="checkbox"/> Laminate sht/pad _____ | | | DO NOT WRITE IN THIS SECTION | | |
| SPECIAL INSTRUCTIONS <input type="checkbox"/> Return Originals <input type="checkbox"/> Preprinted Cover Supplied <input type="checkbox"/> <input type="checkbox"/> Tabs to Be Coordinated With Outside Vendor <input type="checkbox"/> Books To Be Perfect Bound _____ <input type="checkbox"/> Other _____ | | | Total Copies _____ | | |
| DELIVERY INSTRUCTIONS | | | Cost per Copy _____ | | |
| Agency _____ | | | Stock _____ | | |
| Address _____ | | | Covers _____ | | |
| Name of Building/Room Number _____ | | | Dividers _____ | | |
| Contact Person _____ | | | Tabs _____ | | |
| Do Not Deliver, Call _____ | | | Staple Units (x____) _____ | | |
| | | | Cut _____ | | |
| | | | Fold _____ | | |
| | | | Drill _____ | | |
| | | | Plastic Bind _____ | | |
| | | | Tape Bind _____ | | |
| | | | Pad _____ | | |
| | | | Handwork _____ | | |
| | | | Other _____ | | |
| | | | Outsource Fee _____ | | |
| | | | TOTAL _____ \$ _____ | | |
| | | | Invoiced | | |
| APPROVED FOR REPRODUCTION | | | | | |
| Ordered By (Please Print) | | Phone No. | Signature | | Other Authorized Signature If Required) |
| DATE ORDER RECEIVED | | Machine _____ | Scanned _____ | | JOB NUMBER |
| | | Operator _____ | Date _____ | | |
| Date Completed | Number of Items | Enclosed With Job | Received By | | Date |